

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of Nevada
(State)Case number (if known): _____ Chapter 7 Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Zomer, LLC</u>		
2. All other names debtor used in the last 8 years	<u>DBA Minions Construction</u>		
Include any assumed names, trade names, and <i>doing business as</i> names			
3. Debtor's federal Employer Identification Number (EIN)	<u>47 - 4686667</u>		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business	
	<u>1940 Canvas Edge Dr</u>	Number	Street
		<u>Henderson</u>	<u>NV</u>
		City	State
			ZIP Code
	<u>Clark</u>	County	
5. Debtor's website (URL)	<u>minionsconstruction.com</u>		

Debtor	<u>Zomer LLC</u> Name	Case number (if known)
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6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply:

Tax-exempt entity (as described in 26 U.S.C. § 501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

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8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
 Chapter 12

Debtor	Zomer LLC Name	Case number (if known) _____
9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY		
If more than 2 cases, attach a separate list. District _____ When _____ Case number _____ MM / DD / YYYY		
10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ When _____ MM / DD / YYYY		
List all cases. If more than 1, attach a separate list. Case number, if known _____		
11. Why is the case filed in <i>this</i> district?		
<i>Check all that apply:</i> <input checked="" type="checkbox"/> Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.		
12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.		
Why does the property need immediate attention? (Check all that apply.) <input type="checkbox"/> It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____ <input type="checkbox"/> It needs to be physically secured or protected from the weather. <input type="checkbox"/> It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). <input type="checkbox"/> Other _____		
Where is the property? _____ Number _____ Street _____ _____ City _____ State ZIP Code _____		
Is the property insured? <input type="checkbox"/> No <input type="checkbox"/> Yes. Insurance agency _____ Contact name _____ Phone _____		

Statistical and administrative information

Debtor

Zomer LLC

Name

Case number (if known)

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
 After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- 1-49
 50-99
 100-199
 200-999

- 1,000-5,000
 5,001-10,000
 10,001-25,000

- 25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated assets

- \$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million

- \$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million

- \$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

16. Estimated liabilities

- \$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million

- \$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million

- \$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/21/2024
 MM / DD / YYYY


 Signature of authorized representative of debtor

Zsolt Szorenyi

Printed name

Title Manager

Debtor

Name _____

Case number (*if known*) _____**18. Signature of attorney**

Signature of attorney for debtor

Date _____

MM / DD / YYYY

Printed name _____

Firm name _____

Number Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Email address _____

Bar number _____

State _____

Fill in this information to identify the case:

Debtor name	Zomer LLC
United States Bankruptcy Court for the:	District of Nevada
	District of <u>Nevada</u> (State)
Case number (If known):	_____

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*.....

\$ 1,035,000.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 118,110.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$ 1,153,110.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 96,295.69

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ 400,000.66

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$ 496,296.35

Fill in this information to identify the case:

Debtor name	Zomer LLC
United States Bankruptcy Court for the:	District of Nevada
	District of NV (State)
Case number (if known):	_____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. Chase	Checking	7 5 1 8	\$ 0.00
3.2. Chase	Checking	7 3 2 3	\$ 382.13

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

\$ 382.13

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	\$ _____
7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor

Zomer LLC

Name _____

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less:	<u>6,215.00</u>	- <u>0.00</u>	= →	<u>\$ 6,215.00</u>
	face amount	doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>_____</u>	- <u>_____</u>	= →	<u>\$ _____</u>
	face amount	doubtful or uncollectible accounts		

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments**13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:	_____	_____	\$ _____
14.1.	_____	_____	\$ _____
14.2.	_____	_____	\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:	_____	%	_____	\$ _____
15.1.	_____	%	_____	\$ _____
15.2.	_____	%	_____	\$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:	_____	_____	\$ _____
16.1.	_____	_____	\$ _____
16.2.	_____	_____	\$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

Debtor

Zomer LLC

Name

Case number (if known)

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

 No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies Tools and Equipment	05/24/2024 MM / DD / YYYY	\$ 0.00	Appraisal	\$ 6,580.00
23. Total of Part 5				\$ 6,580.00

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

 No Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

 No Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

 No Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

 No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals Examples: Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

Debtor

Zomer LLC

Name

Case number (if known)

33. Total of Part 6.

\$ _____

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles** 104,700.00**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Furniture and computers	\$ 0.00	Appraisal	\$ 615
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	_____	\$ _____
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles	\$ _____	_____	\$ _____
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. Is a depreciation schedule available for any of the property listed in Part 7? No Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

See Ex. Appraisal 2013 LGS Industries 14'	\$ 0.00	Appraisal	\$ 2,500.00
47.1 2 axle Box Trailer #53BTS1429DF004514 See ex. Appraisal 2018 Mercedes Benz Metris Cargo Van	\$ 0.00	Appraisal	\$ 11,700.00
47.2 #WD3PG2EA4J3416232 (95,000 miles) See Ex. Appraiser email 2018 Mercedes Benz Metris Conversion	\$ 0.00	Appraisal	\$ 25,500.00
47.3 Van #WD\$PG2EE4J3420036 (85,000 miles) Not company owned 2022 Chevrolet Corvette C8 3LT Z51	\$ 0.00	Self evaluation	\$ 65,000.00
47.4 #1G1YC2D47N5100246	\$ 0.00		

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 104,700.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Debtor

Zomer LLC

Name

Case number (if known)

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 Stor-It Storage 1940 Canvas Edge Dr Henderson NV 89044	Lease of space	\$ 0.00	Self evaluation	\$ 325.00/month expense
55.2 APN 191-11-816-029 owned by members	Owner	\$ 0.00	Self evaluation	\$ 850,000.00
2 bedrooms condo at Woodlands Panama Pacifico Panama City Panama, Tower 4 Apt 210 Owned by owners	Owner	\$ 0.00	Self evaluation	\$ 185,000.00
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 1,035,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor

Zomer LLC

Name

Case number (if known) _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

	-		= ➔
Total face amount		doubtful or uncollectible amount	\$
		104,700.00	

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year	\$	
_____	\$	_____
_____	\$	_____

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Debtor

Zomer LLC

Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ _____	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 6,215.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 6,580.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 615.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 104,700.00	
88. Real property. Copy line 56, Part 9. →	\$ 0.00	\$ 1,035,000.00
89. Intangibles and intellectual property. Copy line 66, Part 10.		
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ 118,110.00	+ 91b. \$ 1,035,000.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 1,153,110.00

Fill in this information to identify the case:

Debtor name	
United States Bankruptcy Court for the:	District of _____ (State)
Case number (If known): _____	

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 Creditor's name MB Financial Services	Describe debtor's property that is subject to a lien See Ex. A/B 2018 Mercedes Benz Metris Cargo Van #WD3PG2EA4J3416232	\$ 1,913.06 \$ 11,700.00
Creditor's mailing address Attn: Bankruptcy Dept/Managing Agent 14372 Heritage Pkwy Fort Worth, TX 76177	Describe the lien	
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred 7/20/2024	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
Last 4 digits of account number 7001	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.		
2.2 Creditor's name MB Financial Services	Describe debtor's property that is subject to a lien See Ex. A/B 2018 Mercedes Benz Metris Passenger Van #WD4PG2EE4J3420036	\$ 4,382.63 \$ 25,500.00
Creditor's mailing address Attn: Bankruptcy Dept/Managing Agent 14372 Heritage Pkwy Fort Worth, TX 76177	Describe the lien	
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred 11/13/2018	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
Last 4 digits of account number 1001	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	\$ 96,295.69	

Debtor

Zomer LLC
Name**Part 1: Additional Page**

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name <u>U.S. Small Business Administration</u>	Describe debtor's property that is subject to a lien <u>All Assets</u> \$ <u>90,000.00</u> \$ <u>0.00</u>	
Creditor's mailing address <u>Office of General Counsel</u> <u>312 N. Spring St., 5th Floor</u> <u>Los Angeles, CA 90012</u>		
Creditor's email address, if known <hr/>		
Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date debt was incurred <u>5/22/2020</u> Last 4 digits of account number <u>7800</u>		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
Creditor's name <hr/>		
Describe debtor's property that is subject to a lien <hr/>		
Creditor's mailing address <hr/>		
Describe the lien <hr/>		
Creditor's email address, if known <hr/>		
Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date debt was incurred _____ Last 4 digits of account number _____		
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

Debtor

Name _____

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address _____

On which line in Part 1
did you enter the
related creditor?Last 4 digits of
account number
for this entity _____

Line 2. _____

Fill in this information to identify the case:

Debtor Zomer LLC

United States Bankruptcy Court for the: District of Nevada District of Nevada

District of Nevada
(State)

Case number _____
(If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes Go to line 2

- 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	
Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	
Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____	
Check all that apply.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:	
Last 4 digits of account number	Is the claim subject to offset?	
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address American Express Attn: Bankruptcy Dept/Managing Agent PO BOX 60189 City of Industry, CA 91716-0189	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Charge Account
	Date or dates debt was incurred	2023/2024
	Last 4 digits of account number	4 0 0 5
3.2	Nonpriority creditor's name and mailing address American Express Attn: Bankruptcy Dept/Managing Agent PO BOX 60189 City of Industry, CA 91716-0189	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Charge Account
	Date or dates debt was incurred	2024
	Last 4 digits of account number	2 0 0 1
3.3	Nonpriority creditor's name and mailing address Chase Card Member Service Attn: Bankruptcy Dept/Managing Agent PO BOX 6294 Carol Stream, IL 60197-6294	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Charge Account
	Date or dates debt was incurred	2023/2024
	Last 4 digits of account number	0 8 4 4
3.4	Nonpriority creditor's name and mailing address Chase Card Member Service Attn: Bankruptcy Dept/Managing Agent PO BOX 6294 Carol Stream, IL 60197-6294	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Charge Account
	Date or dates debt was incurred	2023/2024
	Last 4 digits of account number	7 3 2 4
3.5	Nonpriority creditor's name and mailing address Southwest Rapid Rewards Attn: Bankruptcy Dept/Managing Agent PO BOX 15298 Wilmington, DE 19850-5298	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Charge Account
	Date or dates debt was incurred	2023/2024
	Last 4 digits of account number	5 5 3 4
3.6	Nonpriority creditor's name and mailing address Southwest Rapid Rewards Attn: Bankruptcy Dept/Managing Agent PO BOX 15298 Wilmington, DE 19850-5298	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Charge Account
	Date or dates debt was incurred	2023/2024
	Last 4 digits of account number	8 0 5 3

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	Amount of claim
	Home Depot Credit Services Attn: Managing Member PO BOX 78047 Phoenix, AZ 85062-8047		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 25,000.00
			Basis for the claim: Charge Account	
	Date or dates debt was incurred	2024	Is the claim subject to offset?	
	Last 4 digits of account number	5 1 9 9	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$ 12,966.95
	CitiFinancial Servicing Attn: Bankruptcy Dept/Managing Agent PO BOX 6771 Sioux Falls, SD 57117		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Basis for the claim: Charge Account	
	Date or dates debt was incurred	2023/2024	Is the claim subject to offset?	
	Last 4 digits of account number	7 4 6 5	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$ 1,090.39
	Truist Financial Corporation (Lightstream) Attn: Bankruptcy Dept/Managing Agent PO Box 117320 Atlanta, GA 30368-7320		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Basis for the claim: Charge Account	
	Date or dates debt was incurred	8/14/2018	Is the claim subject to offset?	
	Last 4 digits of account number	2 3 9 8	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$ 24,778.88
	Chase Sapphire Reserve Attn: Bankruptcy Dept/Managing Agent PO BOX 15298 Wilmington, DE 19850		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Basis for the claim: Charge Account	
	Date or dates debt was incurred	2023/2024	Is the claim subject to offset?	
	Last 4 digits of account number	1 9 4 8	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$ 3,229.22
	Best Buy Credit Services Attn: Bankruptcy Dept/ Managing Agent PO BOX 6204 SIOUX FALLS, SD 57117-6204		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Basis for the claim: Charge Account	
	Date or dates debt was incurred	2023/2024	Is the claim subject to offset?	
	Last 4 digits of account number	7 9 5 2	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Zomer LLC

Name

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	
	Cordan Electric (Cordan LLC) Attn: Bankruptcy Dept/Managing Agent 8125 Eagle Clan Ct, Las Vegas, Nevada 89131		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 21,902.75
			Basis for the claim: Vendor bill owed	
	Date or dates debt was incurred	2022/2023	Is the claim subject to offset?	
	Last 4 digits of account number	Zomer	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$ 10,111.24
	Pedraza Law Services Attn Bankruptcy Dept/Managing Agent 1517 Silver Mesa Way Las Vegas, NV 89169		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Basis for the claim: Vendor bill owed	
	Date or dates debt was incurred	2024	Is the claim subject to offset?	
	Last 4 digits of account number	Zomer	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$ 16,500.00
	Lori Spencer Accounting 628 Avenue M Boulder City, NV 89005		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Basis for the claim: Vendor bill owed	
	Date or dates debt was incurred	2022/2023/2024	Is the claim subject to offset?	
	Last 4 digits of account number	Zomer	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$ 2,160.00
	Juan Alvarez granite installer 3840 Mountain Trail Las Vegas, NV 89108		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Basis for the claim: Vendor bill owed	
	Date or dates debt was incurred	2024	Is the claim subject to offset?	
	Last 4 digits of account number	Zomer	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.	\$ 2,437.75
	State of Nevada Controllers Office Attn: Collections Department 101 N Carson St, Suite 5 Carson City, NV 89701		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Basis for the claim: Fine	
	Date or dates debt was incurred	2024	Is the claim subject to offset?	
	Last 4 digits of account number	Zomer	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17 Nonpriority creditor's name and mailing address Phillip Trenchak Attorney Attn: Phillip Trenchak 1614 S Maryland Pkwy Las Vegas, 89104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Fees billed for services rendered Date or dates debt was incurred 2024 Last 4 digits of account number Zsolt Szorenyi	\$ 42,922.66
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.18 Nonpriority creditor's name and mailing address Matthew Friedman Attorney Attn: Matthew Friedman 2200 Paseo Verde #350 Henderson, NV 89052		
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 100,000.0.	
Basis for the claim: Fees billed for services rendered Date or dates debt was incurred 2024 Last 4 digits of account number Mercedes Tan	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3._____ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Date or dates debt was incurred _____ Last 4 digits of account number _____		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
3._____ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Date or dates debt was incurred _____ Last 4 digits of account number _____		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
3._____ Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Date or dates debt was incurred _____ Last 4 digits of account number _____		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Name

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.2.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4. _____

Line _____

 Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ 0.00
5b. Total claims from Part 2	5b. + \$ 400,000.66
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ 400,000.66

Fill in this information to identify the case:

Debtor name	Zomer LLC		
United States Bankruptcy Court for the:	District of Nevada	District of	Nevada
Case number (If known):			
Chapter			

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	_____	_____
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	_____	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	_____	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	_____	_____
2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	_____	_____

Fill in this information to identify the case:

Debtor name	Zomer LLC
United States Bankruptcy Court for the:	District of Nevada
	District of Nevada (State)
Case number (if known):	_____

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor	Column 2: Creditor	Check all schedules that apply:
2.1	Name <u>Mercedes Tan</u>	Mailing address 1940 Canvas Edge Dr Street Henderson NV 89044 City State ZIP Code	Name <u>American Express</u> <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.1/3.2 <input type="checkbox"/> G
2.2	<u>Zsolt Szorenyi</u>	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code	Chase Card Member Service <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.3/3.4 <input type="checkbox"/> G
2.3	<u>Zsolt Szorenyi</u>	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code	Southwest Rapid Rewards <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.5/3/6 <input type="checkbox"/> G
2.4	<u>Zsolt Szorenyi</u>	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code	Home Depot Credit Services <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.7 <input type="checkbox"/> G
2.5	<u>Zsolt Szorenyi</u>	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code	CitiFinancial Services <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.8 <input type="checkbox"/> G
2.6	<u>Zsolt Szorenyi</u>	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code	Truist Financial Corporation <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.9 <input type="checkbox"/> G

Debtor

Zomer LLC

Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor**Check all schedules
that apply:

	Name	Mailing address	Name	Check all schedules that apply:
2.7	Mercedes Tan	1940 Canvas Edge Dr Street	Chase Sapphire Reserve	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.10 <input type="checkbox"/> G
		Henderson NV 89044 City State ZIP Code		
2.8	Zsolt Szorenyi	PO BOX 778367 Street	Best Buy Credit Services	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.11 <input type="checkbox"/> G
		Henderson NV 89077 City State ZIP Code		
2.9	Zsolt Szorenyi	PO BOX 778367 Street	Cordan Electric (Cordan LLC)	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.12 <input type="checkbox"/> G
		Henderson NV 89077 City State ZIP Code		
2.10	Zsolt Szorenyi	PO BOX 778367 Street	Pedraza Law Services	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.13 <input type="checkbox"/> G
		Henderson NV 89077 City State ZIP Code		
2.11	Zsolt Szorenyi	PO BOX 778367 Street	Lori Spencer Accounting	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.14 <input type="checkbox"/> G
		Henderson NV 89077 City State ZIP Code		
2.12	Zsolt Szorenyi	PO BOX 778367 Street	Juan Alvarez granite installer	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.15 <input type="checkbox"/> G
		Henderson NV 89077 City State ZIP Code		
2.13	Zsolt Szorenyi	PO BOX 778367 Street	State of Nevada Controllers Office	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.16 <input type="checkbox"/> G
		Henderson NV 89077 City State ZIP Code		
2.14	Zsolt Szorenyi	PO BOX 778367 Street	Phillip Trenchak Attorney	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.17 <input type="checkbox"/> G
		Henderson NV 89077 City State ZIP Code		

Debtor

Zomer LLC

Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor**Check all schedules
that apply:

Name	Mailing address	Name	Check all schedules that apply:
2.15 Mercedes Tan	1940 Canvas Edge Dr Street	Matthew Friedman Attorney	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.18 <input type="checkbox"/> G
	Henderson NV 89044 City State ZIP Code		
2._____	Street	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2._____	Street	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2._____	Street	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2._____	Street	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2._____	Street	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2._____	Street	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2._____	Street	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2._____	Street	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		

Fill in this information to identify the case and this filing:

Debtor Name _____

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

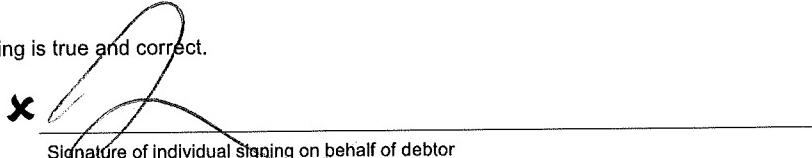
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration Official form 207

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/21/2024
MM / DD / YYYY


Signature of individual signing on behalf of debtor

ZOLT SZORENYI
Printed name

MANAGER
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name	Zomer LLC
United States Bankruptcy Court for the:	District of Nevada
	District of Nevada (State)
Case number (if known):	_____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:	From <u>1/1/2024</u> MM / DD / YYYY	to	Filing date	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
For prior year:	From <u>1/1/2023</u> MM / DD / YYYY	to	<u>12/31/2023</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>411,947.19</u>
For the year before that:	From <u>1/1/2022</u> MM / DD / YYYY	to	<u>12/31/2022</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>938,370.54</u>
				<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>1,766,714.47</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

From the beginning of the fiscal year to filing date:	From _____ MM / DD / YYYY	to	Filing date	Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
For prior year:	From _____ MM / DD / YYYY	to	MM / DD / YYYY	_____	\$ _____
For the year before that:	From _____ MM / DD / YYYY	to	MM / DD / YYYY	_____	\$ _____
				_____	\$ _____

Debtor

Zomer LLC
Name

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)



Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1.		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
Creditor's name _____			
Street _____ _____			
City _____	State _____	ZIP Code _____	
3.2.		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
Creditor's name _____			
Street _____ _____			
City _____	State _____	ZIP Code _____	

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).



Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.			
Insider's name		\$	
Street			
City	State	ZIP Code	
Relationship to debtor			

4.2.			
Insider's name		\$	
Street			
City	State	ZIP Code	
Relationship to debtor			

Debtor Zomer LLC _____ Case number (*if known*) _____

Name _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
Custodian's name _____	_____	\$ _____
Street _____ _____ _____	Case title _____	Court name and address _____
City _____ State _____ ZIP Code _____	Case number _____	Name _____ Street _____ _____
	Date of order or assignment _____	City _____ State _____ ZIP Code _____

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name _____ Street _____ _____ _____	_____	_____	\$ _____
City _____ State _____ ZIP Code _____			
Recipient's relationship to debtor _____			
9.2. Recipient's name _____ Street _____ _____ _____	_____	_____	\$ _____
City _____ State _____ ZIP Code _____			
Recipient's relationship to debtor _____			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small>	Date of loss	Value of property lost
List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Debtor

Zomer LLC
Name

Case number (if known)

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
--	---	-------	-----------------------

11.1. _____ \$ _____

Address _____

Street _____

City _____ State _____ ZIP Code _____

Email or website address _____

Who made the payment, if not debtor?

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
--	---	-------	-----------------------

11.2. _____ \$ _____

Address _____

Street _____

City _____ State _____ ZIP Code _____

Email or website address _____

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

_____ \$ _____

Trustee	_____
---------	-------

_____ \$ _____

Debtor Zomer LLC _____ Case number (*if known*) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
Address			
Street _____			
City _____	State _____	ZIP Code _____	
Relationship to debtor			
13.2. _____	_____	_____	\$ _____
Address			
Street _____			
City _____	State _____	ZIP Code _____	
Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
14.1. 6255 McLeod Dr #19 Street _____	From 11/15/2019 To 11/15/2022
Las Vegas NV 89121 City State ZIP Code _____	
14.2. Street _____ _____	From _____ To _____
City State ZIP Code _____	

Debtor

Zomer LLC

Name

Case number (if known)

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Street

City State ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Street

City State ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

 No. Go to Part 10. Yes. Fill in below:Name of plan

Employer identification number of the plan

EIN: _____ - _____ - _____ - _____ - _____

Has the plan been terminated?

- No
- Yes

Debtor

Zomer LLC

Name

Case number (if known)

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	_____ _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Address _____	_____	_____	

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Stor-It Mini Warehouse Name 3380 Arville St 3-37 Street Las Vegas NV 89102 City State ZIP Code	Zsolt Szorenyi _____	Tools, parts, holiday decorations _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Type text here

Debtor

Zomer LLC

Name

Case number (if known)

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Owner's name and address	Location of the property	Description of the property	Value
Name _____	_____	_____	\$ _____
Street _____	_____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
 No

 Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____	_____	<input type="checkbox"/> Pending
_____	Street _____	_____	<input type="checkbox"/> On appeal
_____	_____	_____	<input type="checkbox"/> Concluded
City _____ State _____ ZIP Code _____			

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?
 No

 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Debtor Zomer LLC Case number (if known) _____
 Name _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

 No Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	_____

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case.

Include this information even if already listed in the Schedules.

 None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____ Street _____ City _____ State _____ ZIP Code _____	Gift basket business _____ _____	EIN: _____ Dates business existed From _____ To _____
25.2. Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
25.3. Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____

<p>Debtor</p> <p>Zomer LLC Name</p>	<p>Case number (if known)</p> <hr/>																												
<p>26. Books, records, and financial statements</p> <p>26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.</p> <p><input type="checkbox"/> None</p> <table border="0"> <tr> <td style="width: 60%;">Name and address</td> <td style="width: 40%; text-align: right;">Dates of service</td> </tr> <tr> <td>26a.1. Lori Spencer Name</td> <td>From 2016 To PRESENT</td> </tr> <tr> <td>Street 628 Avenue M Boulder City, City</td> <td>NV ZIP Code 89005</td> </tr> <tr> <td colspan="2" style="text-align: center;">State ZIP Code</td> </tr> <tr> <td colspan="2"> Name and address <hr/> </td> </tr> <tr> <td colspan="2"> 26a.2. Jack & Co., Ltd. Mia Jack Name 6206 W Desert Inn Road Suite A Street Las Vegas, NV 89146 City State ZIP Code </td> </tr> <tr> <td colspan="2" style="text-align: right;"> Dates of service From 2016 To PRESENT </td> </tr> </table> <p>26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.</p> <p><input type="checkbox"/> None</p> <table border="0"> <tr> <td style="width: 60%;">Name and address</td> <td style="width: 40%; text-align: right;">Dates of service</td> </tr> <tr> <td>26b.1. Jack & Co., Ltd. Mia Jack Name 6206 W Desert Inn Road Suite A Street Las Vegas, NV 89146 City State ZIP Code </td> <td>From 2016 To PRESENT</td> </tr> <tr> <td colspan="2"> Name and address <hr/> </td> </tr> <tr> <td colspan="2"> 26b.2. Name Street City State ZIP Code </td> </tr> <tr> <td colspan="2" style="text-align: right;"> Dates of service From _____ To _____ </td> </tr> </table> <p>26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.</p> <p><input type="checkbox"/> None</p> <table border="0"> <tr> <td style="width: 60%;">Name and address</td> <td style="width: 40%; text-align: right;">If any books of account and records are unavailable, explain why</td> </tr> <tr> <td>26c.1. Zsolt Szorenyi Name PO BOX 778367 Street Henderson, NV 89077 City State ZIP Code </td> <td> <hr/> <hr/> <hr/> </td> </tr> </table>		Name and address	Dates of service	26a.1. Lori Spencer Name	From 2016 To PRESENT	Street 628 Avenue M Boulder City, City	NV ZIP Code 89005	State ZIP Code		Name and address <hr/>		26a.2. Jack & Co., Ltd. Mia Jack Name 6206 W Desert Inn Road Suite A Street Las Vegas, NV 89146 City State ZIP Code		Dates of service From 2016 To PRESENT		Name and address	Dates of service	26b.1. Jack & Co., Ltd. Mia Jack Name 6206 W Desert Inn Road Suite A Street Las Vegas, NV 89146 City State ZIP Code	From 2016 To PRESENT	Name and address <hr/>		26b.2. Name Street City State ZIP Code		Dates of service From _____ To _____		Name and address	If any books of account and records are unavailable, explain why	26c.1. Zsolt Szorenyi Name PO BOX 778367 Street Henderson, NV 89077 City State ZIP Code	<hr/> <hr/> <hr/>
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Debtor	Zomer LLC Name	Case number (if known)									
<table border="0"> <tr> <td colspan="2">Name and address</td> <td>If any books of account and records are unavailable, explain why</td> </tr> <tr> <td>26c.2.</td> <td colspan="2">Mercedes Tan Name 1940 Canvas Edge Dr Street Henderson NV 89044</td> </tr> <tr> <td></td> <td>City</td> <td>State ZIP Code</td> </tr> </table>			Name and address		If any books of account and records are unavailable, explain why	26c.2.	Mercedes Tan Name 1940 Canvas Edge Dr Street Henderson NV 89044			City	State ZIP Code
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26c.2.	Mercedes Tan Name 1940 Canvas Edge Dr Street Henderson NV 89044										
	City	State ZIP Code									
<p>26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.</p> <p><input checked="" type="checkbox"/> None</p>											
<p>Name and address</p> <table border="0"> <tr> <td>26d.1.</td> <td colspan="3"> Name Street City State ZIP Code </td> </tr> </table>			26d.1.	Name Street City State ZIP Code							
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<p>27. Inventories</p> <p>Have any inventories of the debtor's property been taken within 2 years before filing this case?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Give the details about the two most recent inventories.</p>											
Name of the person who supervised the taking of the inventory		Date of inventory									
		\$ _____									
Name and address of the person who has possession of inventory records											
27.1. Name Street City State ZIP Code											

Debtor	Zomer LLC Name	Case number (if known)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of the person who supervised the taking of the inventory</td> <td style="width: 15%;">Date of Inventory</td> <td style="width: 35%;">The dollar amount and basis (cost, market, or other basis) of each inventory</td> </tr> <tr> <td> </td> <td> </td> <td>\$ _____</td> </tr> <tr> <td colspan="3">Name and address of the person who has possession of inventory records</td> </tr> </table>		Name of the person who supervised the taking of the inventory	Date of Inventory	The dollar amount and basis (cost, market, or other basis) of each inventory			\$ _____	Name and address of the person who has possession of inventory records														
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Street																						
City																						
<p>28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 40%;">Address</th> <th style="width: 20%;">Position and nature of any interest</th> <th style="width: 15%;">% of interest, if any</th> </tr> </thead> <tbody> <tr> <td>Zsolt Szorenyi</td> <td>PO BOX 778367 Henderson, NV 89077</td> <td>Manager</td> <td>50%</td> </tr> <tr> <td>Mercedes Tan</td> <td>1940 Canvas Edge Dr Henderson NV 89044</td> <td>Manager</td> <td>50%</td> </tr> </tbody> </table>			Name	Address	Position and nature of any interest	% of interest, if any	Zsolt Szorenyi	PO BOX 778367 Henderson, NV 89077	Manager	50%	Mercedes Tan	1940 Canvas Edge Dr Henderson NV 89044	Manager	50%								
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Zsolt Szorenyi	PO BOX 778367 Henderson, NV 89077	Manager	50%																			
Mercedes Tan	1940 Canvas Edge Dr Henderson NV 89044	Manager	50%																			
<p>29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 40%;">Address</th> <th style="width: 20%;">Position and nature of any interest</th> <th style="width: 15%;">Period during which position or interest was held</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>From _____ To _____</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>From _____ To _____</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>From _____ To _____</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>From _____ To _____</td> </tr> </tbody> </table>			Name	Address	Position and nature of any interest	Period during which position or interest was held				From _____ To _____				From _____ To _____				From _____ To _____				From _____ To _____
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			From _____ To _____																			
			From _____ To _____																			
<p>30. Payments, distributions, or withdrawals credited or given to insiders</p> <p>Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Identify below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name and address of recipient</th> <th style="width: 25%;">Amount of money or description and value of property</th> <th style="width: 15%;">Dates</th> <th style="width: 20%;">Reason for providing the value</th> </tr> </thead> <tbody> <tr> <td>Mercedes Tan Name 1940 Canvas Edge Dr Street</td> <td>\$8,480</td> <td>2/27/2024 4/15/2024</td> <td>Stolen by Mercedes Tan via Zelle</td> </tr> <tr> <td>Henderson City</td> <td>NV State</td> <td>89044 ZIP Code</td> <td> </td> </tr> <tr> <td colspan="4"> Relationship to debtor estranged wife </td> </tr> </tbody> </table>			Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value	Mercedes Tan Name 1940 Canvas Edge Dr Street	\$8,480	2/27/2024 4/15/2024	Stolen by Mercedes Tan via Zelle	Henderson City	NV State	89044 ZIP Code		Relationship to debtor estranged wife							
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Relationship to debtor estranged wife																						

<p>Debtor</p> <p>Zomer LLC Name _____</p>	<p>Case number (<i>if known</i>) _____</p>		
<p>Name and address of recipient _____</p> <p>30.2 _____</p> <p>Name _____</p> <p>Street _____ _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Relationship to debtor _____</p>			
<p>31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify below.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Name of the parent corporation _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Employer Identification number of the parent corporation EIN: _____ - _____ - _____ - _____ - _____</p> </td> </tr> </table>		<p>Name of the parent corporation _____</p>	<p>Employer Identification number of the parent corporation EIN: _____ - _____ - _____ - _____ - _____</p>
<p>Name of the parent corporation _____</p>	<p>Employer Identification number of the parent corporation EIN: _____ - _____ - _____ - _____ - _____</p>		
<p>32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify below.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Name of the pension fund _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Employer Identification number of the pension fund EIN: _____ - _____ - _____ - _____ - _____</p> </td> </tr> </table>		<p>Name of the pension fund _____</p>	<p>Employer Identification number of the pension fund EIN: _____ - _____ - _____ - _____ - _____</p>
<p>Name of the pension fund _____</p>	<p>Employer Identification number of the pension fund EIN: _____ - _____ - _____ - _____ - _____</p>		
<p>Part 14: Signature and Declaration</p> <hr/> <p>WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p> <p>I have examined the information in this <i>Statement of Financial Affairs</i> and any attachments and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on <u>6/21/2024</u> MM / DD / YYYY</p> <p>X _____ Signature of individual signing on behalf of the debtor</p> <p>Printed name <u>Zsolt Szorenyi</u></p> <p>Position or relationship to debtor <u>Manager</u></p> <p>Are additional pages to <i>Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)</i> attached?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

1 Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

2

3

4

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

5

6

7 In re: *(Name of Debtor)*

8 *ZOMER LLC*

9

10

Debtor(s)

BK-

Chapter: *7*

VERIFICATION OF CREDITOR MATRIX

11

12

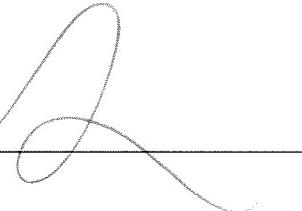
The above named Debtor hereby verifies that the attached list of creditors is true and correct to
to the best of his/her knowledge.

13

14

15

Date 6/21/2024

Signature 

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17

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19

20

21

22

23

24

25

26

27

28

Date _____

Signature _____

American Express
Attn: Bankruptcy Dept/Managing agent
PO BOX 60189
City of Industry, CA 91716-0189

Chase Card Member Service
Attn: Bankruptcy Dept/Managing agent
PO BOX 6294
Carol Stream, IL 60197-6294

Southwest Rapid Rewards
Attn: Bankruptcy Dept/Managing agent
PO BOX 15298
Wilmington, DE 19850-5298

Home Depot Credit Services
Attn: Managing Member
PO BOX 78047
Phoenix, AZ 85062-8047

Citi Financial Servicing
Attn: Bankruptcy Dept/Managing agent
PO BOX 6771
Sioux Falls, SD 57117

Truist Financial Corporation
Attn: Bankruptcy Dept/Managing agent
PO BOX 117320
Atlanta, GA 30368-7320

Chase Sapphire Reserve
Attn: Bankruptcy Dept/Managing agent
PO BOX 15298
Wilmington, DE 19850

Best Buy Credit Services
Attn: Bankruptcy Dept/Managing agent
PO BOX 6204
Sioux Falls, SD 57117-6204

Cordan LLC
Attn: Bankruptcy Dept/Managing agent
8125 Eagle Clan Ct
Las Vegas, NV 89131

Pedraza Lawn Services
Attn: Bankruptcy Dept/Managing agent
1517 Silver mesa Way
Las Vegas, NV 89169

Lori Spencer
Attn: Bankruptcy Dept/Managing agent
628 Avenue M
Boulder City, NV 89005

Juan Alvarez
Attn: Bankruptcy Dept/Managing agent
3840 Mountain trail
Las Vegas, NV 89108

State of Nevada Controllers Office
Attn: Collections Department
101 N Carson St, Suite 5
Carson City, NV 89701

Phillip Trenchak
Attn: Bankruptcy Dept/Managing agent
1614 S Maryland Pkwy
Las Vegas, NV 89104

Matthew Friedman
Attn: Bankruptcy Dept/Managing agent
2200 Paseo Verde Pkwy#350
Henderson, NV 89002

MB Financial Services
Attn: Bankruptcy Dept/Managing agent
14372 heritage Pkwy
Fort Worth, TX 76177

US Small Business Administration
Office of General Counsel
312 N Spring St, 5th Floor
Los Angeles, CA 90012

Zomer LLC
1940 Canvas Edge Dr
Henderson, NV 89044

Clark County Assessor
c/o Bankruptcy Clerk
500 S Grand Central Pkwy
PO BOX 551401
Las Vegas, NV 89155

Social Security Administration
Office of the General Counsel
Office of program Lit. Attn: bankruptcy
6401 Security Blvd
Baltimore, MD 21235

Internal Revenue Service
Attn: Bankruptcy Dept/Managing agent
PO BOX 7346
Philadelphia, PA 19101

Dept of Empl, Training & Rehab
Employment Security Division
500 East Third Street
Carson City, NV 89713

Clark County Treasurer
c/o Bankruptcy Clerk
500 Grand central Pkwy
PO BOX 551220
Las Vegas, NV 89155

Nevada Department of Taxation
Bankruptcy Section
555 E Washington Ave #1300
Las Vegas, NV 89101